

SUMMARY PAGE

Name_____ Date of Request_____

CDDO_____ CSP_____

STAFFING NEEDS

What does the person's daily routine look like? Does the person require increased support from staff during certain times of the day or while doing specific activities? This section contains a detailed account of the times of day and reasons that you think the individual needs increased staff support. State when staff is awake and when staff is asleep.

BEHAVIORAL ISSUES

Does the person experience challenging behavior? Are preventative strategies in place to minimize the problematic behaviors? If yes, what do they consist of and how do they require increased support from staff? What strategies are in place to manage the problematic behaviors when they do occur? Do the strategies require increased support from staff or special staffing arrangements? This section contains a detailed account of the behavioral issues the individual is experiencing and how they are prevented and/or managed. **Attach a copy of the individual's behavior support plan as well as summarized data for the last year.**

SUMMARY PAGE

Name_____ Date of Request_____

CDDO_____ CSP_____

MEDICAL NEEDS

What, if any, special medical needs does the person have (e.g., contractures, osteoporosis, tube feedings, oxygen administration, limited range of motion, bacterial infection such as MRSA, etc.)? What types of medical procedures are required to either treat the person's condition or insure his or her optimal state of health? Are staff able to implement these procedures? Is oversight by a professional needed? This section specifically describes the extra costs associated with medical needs, including increased direct care and professional staff time. **Attach a copy of the individual's health information as well as summarized data for the last year.**

ADDITIONAL STAFF TRAINING

Do staff need specialized training to implement strategies to manage problematic behaviors? Do staff require specialized training to implement medical procedures? How often is the training needed? This section describes additional staff training required to effectively support the person and individualized to that person's needs. For example, this might include extra training for staff to learn how to use a g-tube, administer oxygen, or follow a behavioral support plan.

SUMMARY PAGE

Name_____ Date of Request_____

CDDO_____ CSP_____

EQUIPMENT/SUPPLIES

Are there certain things the person needs to insure his or her health and safety that are not Medicaid card eligible (e.g., adult undergarments, latex gloves, food processor due to dietary needs, bed underpads due to incontinence, etc.)? What is the rationale for providing them? This section lists any supplies or equipment needed by the individual that is not covered by their Medicaid card and that add to the cost of the POC, as well as an explanation for why they are needed.